No. 2
5-42
17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5559

Registration District No. FILED MAR 5 1949

Primary Registration District No. 1002

Registrar's No. 1013

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1010 Woodland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1010 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Turner

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Frank Turner

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May (Month) — (Day) 1882 (Year)

8. AGE: Years 60 Months 8 Days — If less than one day ..... hr. ..... min.

9. Birthplace Monitor Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace — (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ivy Hickox
(b) Address 1010 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23 43 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2900 E. 12th K.C. Mo.

19. (a) 2-26-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 43 hour 11 minute 28 A.M.

21. I hereby certify that I attended the deceased from Feb. 17 19 43 to Feb. 17 19 43 that I last saw h. alive on Feb. 17 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 0 Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.